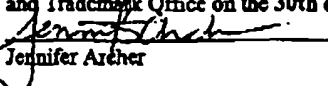


PTO/SB/22/06-03)

Approved for use through 7/31/2003. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) <b>100718-346/Beiersdorf 742</b>
<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>		
I hereby certify that this Petition for Extension of Time is being transmitted via facsimile to the United States Patent and Trademark Office on the 30th day of October, 2003.  Jennifer Archer		In re Application of <b>Helge AHRENS et al</b> Application Number <b>09/955,852</b> Filed <b>September 19, 2001</b> For <b>Self-Adhesive Wound Dressing with Adhesive Wound...</b> Art Unit <b>1615</b> Examiner <b>Isis Ghali</b>
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.26. Therefore, the fee amount shown above is reduced by one-half the resulting fee is : \$ _____.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1263</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record.		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>48,104</u>		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
<u>October 30, 2003</u> Date	<u>Howard C. Lee</u> Signature	
<u>(212) 808-0700</u> Telephone Number	<u>Howard C. Lee</u> Typed or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

This collection of information is required by 37 CFR 1.136(a). This information is required to obtain or retain a benefit by the public which is in the (and by the USPTO in process) an application. Confidentiality is governed by 35 U.S.C. 121 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the needs of the individual case. Any statements on the privacy of (or you are required to complete this form and/or agree to the releasing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**OFFICIAL****RECEIVED  
CENTRAL FAX CENTER****OCT 30 2003**